



**APPLICATION FOR SPECIAL POULTRY PERMIT:
TO SLAUGHTER, PREPARE AND SELL
WHOLE RAW POULTRY**

MAIL APPLICATION TO:
Food Safety Program
P. O. Box 42591
Olympia, WA 98504-2591
Phone: 360-902-1876 Fax 360-902-2087
Email: foodsafety@agr.wa.gov

APPLICANT FIRM NAME AND MAILING ADDRESS:		PHYSICAL SITE LOCATION:	
OWNER NAME:		COUNTY:	
TELEPHONE NUMBER:	CELL PHONE:	TELEPHONE NUMBER:	EMAIL:
Type(s) of poultry to be processed – Check all that apply: <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Geese <input type="checkbox"/> Other(s) _____			
Firm operates as: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
List name and address of all partners and/or officers below:			
NAME		TITLE	
ADDRESS (Include City, State, Zip Code)			

List Proposed Slaughter Dates for Each Type of Poultry:

Note:

Applicant must provide prior written notice to the Food Safety Program of any additions or deletions to slaughter dates previously reported at least one week before the change

THE SPECIAL POULTRY PERMIT FEE IS:

**\$75.00 for one calendar year
or
\$125 for two calendar years**

**Each permit expires December 31 of the
one-year or two-year permit period**

APPLICANT STATEMENT

I certify that the provided information is correct.

I understand this permit allows slaughter of 1000 or fewer poultry per calendar year to be sold only from my site location and directly to the consumer.

- ☐ I am remitting the \$75.00 fee for a one-year permit
- ☐ I am remitting the \$125.00 fee for a two-year permit and understand that I must provide at least six weeks prior to the second slaughter year:
- The second year slaughter dates
 - If on a well, spring or other private water system, a copy of a passing bacteriological test conducted within sixty days of submitting the second year slaughter dates

Applicant Signature: _____

Title: _____

Date: _____

Total Permit Fee Remittance: \$ _____

Checks returned by the bank will be charged a handling fee of \$25.00.
(RCW 62A.3.515(a) and 62A.3.520)

4109 OFFICE USE ONLY: